

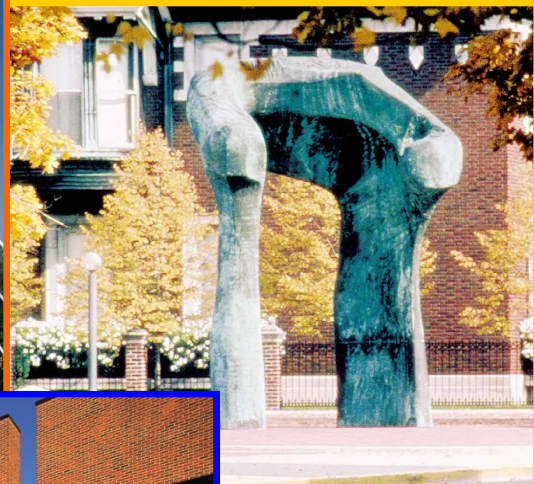
# Benefits

## EMPLOYEE GUIDE 2017



**columbusindiana**

unexpected.unforgettable.



## INTRODUCTION

The City of Columbus has worked with SIHO, your employee benefits administration company, to develop a benefits plan for you and your eligible dependents.

One of the advantages of SIHO is their focus on and attention to customer service. SIHO's helpful staff is ready to assist you with any questions or concerns you may have. Employees are encouraged to contact SIHO by phone at (812) 378-7070 or (800) 443-2980 toll free.

The local customer service staff includes:

- **Member Services**—Representatives who will help you understand your health care benefits and walk you through the claims process with phone and walk-in accessibility.
- **Medical Management**—Nurses are available on-site in Columbus to answer any medical questions you might have or to work with your physician to ensure you receive the highest quality health care.
- **Account Management**—These individuals work with your employer and claims representatives to help them improve the benefit program and to resolve any concerns during the contract period.

Though City of Columbus cannot avoid the impact of rising health care costs, we believe this health care plan will provide many advantages while living within the city's budget demands.

Advantages of the City of Columbus Plan:

- Two health plans - offering a choice in health care coverage
- Preventive health care coverage, with required educational meetings
- Extensive network of in-network providers

### Working Spouse Rule:

The purpose of the Working Spouse Rule is to share the costs of the medical, dental and vision expenses with other plans or insurance carriers when the spouse of an Employee is eligible for medical, dental and vision coverage where the spouse is employed. It is the Employer's responsibility to determine who is eligible for this coverage on a non-discriminatory basis.

1. If a spouse of an eligible Employee is employed with a company which offers group medical, dental and vision insurance coverage and that spouse is eligible for that plan, that spouse will not be eligible for this Plan.
2. If the spouse is employed with a company that does not offer group medical, dental and vision coverage and is eligible to be enrolled, the spouse may be enrolled in this Plan as primary at the family rate which is currently in effect. (A statement from the spouse's employer that verifies they have no coverage available with that employer will be required.)\*

*\*Note: Medicare does not count as an employer-sponsored plan for the purposes of this rule.*

## TERMS IN THIS BENEFITS GUIDE

**Copays** – The flat fee charged by the plan for certain services such as emergency room visits or office visits. Copays do not apply to the annual deductible.

**Annual Deductible** – The amount you pay first before the plan begins paying expenses for covered services.

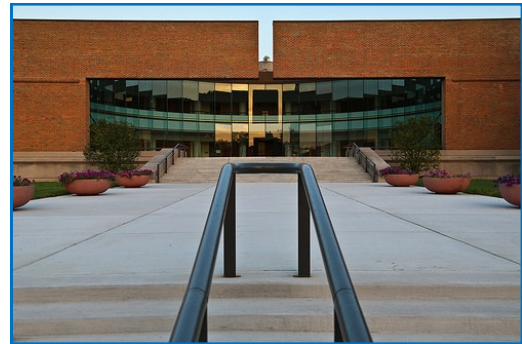
**Coinsurance Stop-Loss** – The amount you pay each year in coinsurance before covered expenses are paid at 100% by the Plan. This amount does not include the annual deductible.

**Coinsurance** – The percentage you pay when you receive care once you have met the annual deductible.

**Balance Billing** – Provider practice of billing the patient for the difference (or balance) of charges above the amount reimbursed by the health plan. Your plan prohibits participating providers from balance billing except for allowed copayments, coinsurance and deductibles.

**Reasonable & Customary** – A payment rate based on the fees for medical services charged by health care providers in a specified area (usually a zip code or group of related zip codes).

**Out-of-Pocket Maximum** - The maximum amount you can pay each year in deductibles, coinsurance and copays for covered services.



### Customer Service:

SIHO has customer service representatives available to answer your questions relating to eligibility, benefits and claim status. You can also log on to their website and click on *Contact Us* to reach a customer service representative.

Phone: Local: 812.378.7070 Toll Free: 800.443.2980  
Website: [www.siho.org](http://www.siho.org)  
Address: 417 Washington Street  
P.O. Box 1787  
Columbus, IN 47202-1787

To find out if your provider is part of the SIHO Network or to find a provider in the SIHO Network, call SIHO Customer Service or log on to the website to do a search: [www.siho.org](http://www.siho.org)

### What is Inspire Health Partners?

Inspire Health Partners is a clinically integrated network made up of physicians and other healthcare providers who work together to effectively coordinate patient care. Inspire coordinates the efforts of the entire range of

patient care providers—primary care and specialty physicians, home health services, hospitals, and other healthcare providers—in an effort to realize greater efficiencies and value of care for patients. SIHO is proud to be one of the founding members of the new Inspire Health Partners network. In collaboration with Columbus Regional Health, Schneck Medical Center, and local physicians, SIHO helped to create this innovative network as a way to better address growing healthcare costs, while further improving quality of care.



### What is coordinated care?

A coordinated approach to healthcare makes it easier for physicians to manage the healthcare needs of both individuals and populations of patients, and leads to more informed patients. Coordinated care includes:

- Improved communication among primary care and specialty providers who share vital information to plan and coordinate the best possible patient care;
- Through the sophisticated use of healthcare data, healthcare providers can anticipate patient needs and begin treatment before serious complications occur;
- Connecting electronic medical record systems and increasing communication throughout the medical community results in a decrease in the potential for duplicated and/or unnecessary testing or services;
- The development of new programs and services aimed at keeping healthy people healthy and helping those with chronic illnesses manage their own care; and,
- An overall improvement in healthcare services and better outcomes.

### **How will Inspire benefit me?**

Inspire Health Partners is beneficial for all patients, regardless of their healthcare needs. Through a coordinated care approach, Inspire improves communication and data sharing between providers and helps facilitate navigation through the healthcare system. Patients with chronic illnesses, such as diabetes, high blood pressure and high cholesterol, will find value in Inspire through better health management and personalized treatment plans. Healthy patients will notice an increased emphasis on maintaining a healthy lifestyle and recommendations for appropriate screenings and regular preventive care. As a result, patients can expect to reduce their risk for serious health complications and enjoy better health.

### **How can I take advantage of Inspire?**

Inspire will be most successful when patients consistently receive care from the same physician. Patients are able to select the doctor(s) of their choice from the Inspire network that is included in our health insurance plan. Coordinating care through one provider or a centralized location—often referred to as a medical home—allows patient data to be safely stored electronically so that all physicians providing the care can access vital information quickly. This method helps to assure patients receive the right treatment at the right time even if their regular primary care provider is not available.

### **How will I know that the Inspire Health Partners network is providing and maintaining the expected value of its services?**

Healthcare providers within the Inspire network are measured on quality criteria and effective care coordination for patients.



## SUMMARY OF HEALTH CARE BENEFITS - OPTION 1 PREFERRED PROVIDER PLAN

| Your Plan Features  | Option 1 - Preferred Provider Plan   |                      |                          |
|---|--|----------------------|--------------------------|
|   | Inspire Providers  | SIHO Providers       | Out-of-Network Providers |
| <b>Annual Maximum</b>   | Unlimited  |                      |                          |
| <b>Calendar Year Deductible</b>   |  |                      |                          |
| Individual  | \$750  | \$750                | \$750                    |
| Family  | \$1,500  | \$1,500              | \$1,500                  |
| <p>* The Preferred Provider Plan (Option 1) has an <i>embedded</i> deductible. This means that one member must meet the individual deductible of \$750 and the remaining family member(s) can accumulate the remaining \$750 to meet the \$1,500 deductible.</p> <p>The High Deductible Health Plan (Option 2) has a <i>non-embedded</i> deductible. For family policies, <i>the individual deductible is non-applicable</i> — this means that claims of <i>either</i> one family member <i>or</i> claims accumulated by more than one member needs to meet the family deductible of \$3,000 before the plan pays. However, the maximum out-of-pocket will never exceed \$4,750 for one individual.</p> |  |                      |                          |
| <b>Calendar Year Coinsurance Stop Loss Maximum</b>  |  |                      |                          |
| Individual  | \$4,000  | \$4,000              | \$4,000                  |
| Family  | \$8,000  | \$8,000              | \$8,000                  |
| <b>Maximum Out-of-Pocket</b>  |  |                      |                          |
| Individual  | \$4,750  | \$4,750              | \$4,750                  |
| Family  | \$9,500  | \$9,500              | \$9,500                  |
|   | Tier 1 and Tier 2 deductibles and coinsurance cross apply.<br>Copays accumulate toward the maximum out-of-pocket |                      |                          |
| <b>Hospital Room, Services, Supplies</b>  | 80% after deductible   | 70% after Deductible | 60% after deductible     |
| <b>Inpatient Surgery</b>  | 80% after deductible   | 70% after Deductible | 60% after deductible     |
| <b>Emergency Room Facility Charges (\$150 copay applies if non-emergency)</b>   | 80% after Deductible   | 70% after Deductible | 60% after deductible     |
| <b>Urgent Care</b>  | 80% after deductible   | 70% after Deductible | 60% after deductible     |
| <b>Outpatient Surgery</b>   | 80% after deductible   | 70% after Deductible | 60% after deductible     |
| <b>Office Visits</b>  | 80% after deductible   | 70% after deductible | 60% after deductible     |
| <b>Preventive Health Benefit</b>  | 100% covered-subject to Preventive Health Benefits Guidelines  |                      |                          |
| <b>Dental Cleaning - 2 per year</b>   | 100%   |                      |                          |
| <b>Diagnostic X-Ray and Lab</b>   | 80% after deductible   | 70% after Deductible | 60% after deductible     |
| <b>Columbus Regional Hospital Lab Program</b>   | 100% no deductible   | 100% no deductible   | NA                       |
| <b>Ambulance</b>  | 80% after deductible   | 70% after Deductible | 60% after deductible     |

## SUMMARY OF HEALTH CARE BENEFITS - OPTION 1 PREFERRED PROVIDER PLAN

| Your Plan Features                           | Option 1 - Preferred Provider Plan   |                      |                          |
|--|--|----------------------|--------------------------|
|  | Inspire Providers  | SIHO Providers       | Out-of-Network Providers |
| Inpatient Mental Health and Substance Abuse  | 80% after deductible   | 70% after deductible | 60% after deductible     |
| Outpatient Mental Health and Substance Abuse | 80% after deductible   | 70% after deductible | 60% after deductible     |
| Physical, Speech & Occupational Therapy      | 80% after deductible   | 70% after deductible | 60% after deductible     |
| Chiropractic Services                        | 80% after deductible   | 70% after deductible | 60% after deductible     |
|  | Annual Maximum: 30 visits  |                      |                          |
| Durable Medical Equipment                    | 80% after deductible   | 70% after deductible | 60% after deductible     |
|  | Precertification required for purchases over \$750 and all rentals                                 |                      |                          |
| Hospice Care                                 | 80% after deductible   | 70% after deductible | 60% after deductible     |
|  | Precertification required; combined Calendar year maximum: 3 months outpatient; 6 months inpatient |                      |                          |
| Home Health Care Outpatient                  | 100% no deductible   | 100% no deductible   | 100% no deductible       |
|  | Precertification required; Annual max 100 visits   |                      |                          |
| Other Covered Benefits                       | 80% after deductible   | 70% after deductible | 60% after deductible     |

## YOUR COST FOR COVERAGE

Your cost for **medical coverage** is based upon the plan you choose and your level of coverage. The following table shows your contribution for Option 1.

| Employee Premiums                                      | Option 1 |
|--|----------|
| <b>Individual Coverage</b><br>26 pay periods           | \$33.24  |
| <b>Employee +Spouse Coverage</b><br>26 pay periods     | \$73.12  |
| <b>Employee +Child(ren) Coverage</b><br>26 pay periods | \$61.49  |
| <b>Family Coverage</b><br>26 pay periods               | \$83.09  |

## SUMMARY OF HEALTH CARE BENEFITS - OPTION 2 HDHP

| Your Plan Features  | Option 2 - High Deductible Health Plan   |  |  |
|---|--|--|--|
|   | Inspire Providers  | SIHO Providers                                     | Out-of-Network Providers                           |
| <b>Annual Maximum</b>   | Unlimited  |  |  |
| <b>Calendar Year Deductible</b>   |  |  |  |
| Individual  | \$1,500  | \$1,500  | \$1,500  |
| Family  | \$3,000<br>Deductible is non-embedded*   | \$3,000<br>Deductible is non-embedded*             | \$3,000<br>Deductible is non-embedded*             |
| <p>* The Preferred Provider Plan (Option 1) has an <i>embedded</i> deductible. This means that one member must meet the individual deductible of \$750 and the remaining family member(s) can accumulate the remaining \$750 to meet the \$1,500 deductible.</p> <p>The High Deductible Health Plan (Option 2) has a <i>non-embedded</i> deductible. For family policies, <i>the individual deductible is non-applicable</i> — this means that claims of <i>either</i> one family member <i>or</i> claims accumulated by more than one member needs to meet the family deductible of \$3,000 before the plan pays. However, the maximum out-of-pocket will never exceed \$4,750 for one individual.</p> |  |  |  |
| <b>Calendar Year Coinsurance Stop Loss Maximum</b>  |  |  |  |
| Individual  | \$3,250  | \$3,250  | \$3,250  |
| Family  | \$6,500  | \$6,500  | \$6,500  |
| <b>Maximum Out-of-Pocket</b>  |  |  |  |
| Individual  | \$4,750  | \$4,750  | \$4,750  |
| Family  | \$9,500  | \$9,500  | \$9,500  |
|   | Copays accumulate toward the maximum out-of-pocket   | Copays accumulate toward the maximum out-of-pocket | Copays accumulate toward the maximum out-of-pocket |
|   | Tier 1 and Tier 2 deductibles and coinsurance cross apply.<br>Copays accumulate toward the maximum out-of-pocket |  |  |
| <b>Hospital Room, Services, Supplies</b>  | 80% after deductible   | 70% after deductible                               | 60% after deductible                               |
| <b>Inpatient Surgery</b>  | 80% after deductible   | 70% after deductible                               | 60% after deductible                               |
| <b>Emergency Room Facility Charges</b><br>(\$150 copay applies if non-emergency)  | 80% after deductible   | 70% after deductible                               | 60% after deductible                               |
| <b>Urgent Care</b>  | 80% after deductible   | 70% after deductible                               | 60% after deductible                               |
| <b>Outpatient Surgery</b>   | 80% after deductible   | 70% after deductible                               | 60% after deductible                               |
| <b>Office Visits</b>  | 80% after deductible   | 70% after deductible                               | 60% after deductible                               |
| <b>Preventive Health Benefit</b>  | 100% covered-subject to Preventive Health Benefits Guidelines  |  |  |
| <b>Dental Cleaning - 2 per year</b>   | NA   |  |  |
| <b>Diagnostic X-Ray and Lab</b>   | 80% after deductible   | 70% after deductible                               | 60% after deductible                               |
| <b>Columbus Regional Hospital Lab Program</b>   | 80% after deductible   | 70% after deductible                               | 60% after deductible                               |
| <b>Ambulance</b>  | 80% after deductible   | 70% after deductible                               | 60% after deductible                               |



## SUMMARY OF HEALTH CARE BENEFITS - OPTION 2 HDHP

| Your Plan Features                           | Option 2 - High Deductible Health Plan   |                      |                          |
|--|--|----------------------|--------------------------|
|  | Inspire Providers  | SIHO Providers       | Out-of-Network Providers |
| Inpatient Mental Health and Substance Abuse  | 80% after deductible   | 70% after deductible | 60% after deductible     |
| Outpatient Mental Health and Substance Abuse | 80% after deductible   | 70% after deductible | 60% after deductible     |
| Physical, Speech & Occupational Therapy      | 80% after deductible   | 70% after deductible | 60% after deductible     |
| Chiropractic Services                        | 80% after deductible   | 70% after deductible | 60% after deductible     |
|  | Annual Maximum: 30 visits  |                      |                          |
| Durable Medical Equipment                    | 80% after deductible   | 70% after deductible | 60% after deductible     |
|  | Precertification required for purchases over \$750 and all rentals                                 |                      |                          |
| Hospice Care                                 | 80% after deductible   | 70% after deductible | 60% after deductible     |
|  | Precertification required; combined Calendar year maximum: 3 months outpatient; 6 months inpatient |                      |                          |
| Home Health Care Outpatient                  | 80% after deductible   | 70% after deductible | 60% after deductible     |
|  | Precertification required; Annual max 100 visits   |                      |                          |
| Other Covered Benefits                       | 80% after deductible   | 70% after deductible | 60% after deductible     |

## YOUR COST FOR COVERAGE

Your cost for **medical coverage** is based upon the plan you choose and your level of coverage. The following table shows your contribution for Option 2.

| Employee Premiums                                      | Option 2 |
|--|----------|
| <b>Individual Coverage</b><br>26 pay periods           | \$23.62  |
| <b>Employee +Spouse Coverage</b><br>26 pay periods     | \$53.28  |
| <b>Employee +Child(ren) Coverage</b><br>26 pay periods | \$42.25  |
| <b>Family Coverage</b><br>26 pay periods               | \$64.23  |

## SUMMARY OF PRESCRIPTION DRUG COVERAGE

| Your Plan Features*        | Option 1 - Preferred Provider Plan |                                    | Option 2 - High Deductible Health Plan* |                                    |
|----------------------------|------------------------------------|------------------------------------|---|------------------------------------|
|                            | Retail Service (30 day supply)     | Mail Order Service (90 day supply) | Retail Service (30 day supply)          | Mail Order Service (90 day supply) |
| <i>Generic</i>             | \$10                               | \$25                               | 80% after deductible                    | 80% after deductible               |
| <i>Brand</i>               | \$30                               | \$60                               | 80% after deductible                    | 80% after deductible               |
| <i>Non Formulary Brand</i> | \$50                               | \$120                              | 80% after deductible                    | 80% after deductible               |

\* Prescription Drugs listed on the High Deductible Health Plan Health Savings Account Preventive Therapy Drug List will be covered at the appropriate coinsurance and not subject to the annual deductible.

An important part of any medical plan is prescription drug coverage. You receive coverage for both generic and brand name drugs, but you pay less for brand name drugs that are a part of the plan's formulary, or preferred drug list. The plan's formulary drugs are chosen by the plan based on their quality, safety, and cost-effectiveness.

You also have the option to take advantage of the Mail Order Service program. By using the mail order program you can receive 90 days of medication for less than the cost of three 30-day prescription fills at a retail pharmacy. This saves you time and money.

## HSA CONTRIBUTIONS

For those employees choosing a Health Savings Account (HSA) option, the City will make one payment into the employee's HSA account for the first year that the employee enrolls in the High Deductible Health Plan. The employee is eligible for this benefit only one time while covered under the City's Health Plan. This payment will be made only for those employees actively employed by the City at the time of the payment and for employees who are working 30 or more hours per week. The payment will be made the first month of enrollment.

### **\$1,500/\$3,000 Plan**

\$250 Single

\$350 Employee + Spouse

\$350 Employee + Child(ren)

\$500 Family

You may contribute to your HSA the maximum amount as determined by the IRS, regardless of your plan's deductible. The maximum for 2017 is \$3,400\*\* for individuals and \$6,700 for families. In order to receive the deposit into your HSA account, you must be getting a paycheck on the date of the contribution. If you have not been working at the City of Columbus long enough to receive a paycheck, you will not be eligible for the employer HSA contribution amount indicated above.

\*\*Individuals who are 55 or older and covered under a high deductible health plan are eligible for an additional \$1,000 "catch-up" contribution for 2017.

The IRS only allows "embedded" deductibles for family HSA plans whose individual deductibles satisfy the minimum family deductible as determined by the IRS (\$2,600). Since the \$1,500 HSA plan's family deductible is \$3,000, the \$3,000 must be met by either an individual or family combined before benefits will start.

Early retirees are eligible to enroll in the High Deductible Health Plan but are not eligible for the employer contribution to the Health Savings Account.

The bank account connected to the City of Columbus HSA Plans is through First Financial Bank. If you are enrolling in an HSA for the first time, shortly after you submit your enrollment form, you will receive instructions on how to setup your First Financial HSA Account.

First Financial Bank offers great banking benefits to City of Columbus Employees such as Online Receipt Storing and Online Banking and Bank to Bank Transfers.

### Why Choose an HSA Plan?

An HSA is a bank account where tax-free deposits are made to pay for qualified medical expenses. Withdrawals from your HSA are also tax free as long as the funds are used for qualified medical expenses. There are many advantages to enrolling in a qualified High Deductible Health Plan and opening a HSA bank account.

You are eligible to enroll in one of the City of Columbus Employee HSA Plans if you meet the following requirements:

- Have no other first-dollar medical coverage. This means you cannot be covered as secondary under a plan that is not a qualified High Deductible Plan.
- Are not enrolled in Medicare. Medicare eligible persons who do not enroll in Medicare may have an HSA if they are covered by a qualified High Deductible Health Plan.
- Cannot be claimed as a dependent on someone else's tax return

#### **What are the benefits of an HSA?**

- Your high deductible insurance and HSA protect you against high or unexpected medical bills
- Your health insurance premiums are lower
- SIHO pays 100% of covered preventive care services received in-network. You do not need to meet the deductible for covered preventive care services.
- You can use the funds in your account to pay for the following:
  - Medical Expenses including expenses that are not covered under the SIHO Medical Plan (See IRS Publication 502)
  - All options under IRS Publication 502
  - Long-Term Care Insurance
  - Dental and Vision expenses
  - Medical expenses after retirement (before Medicare)
  - Out-of-pocket expenses when covered by Medicare
- You can save the money in your account for future medical expenses and grow your account through investment earnings. HSA earnings grow tax-free.
- Your HSA is completely portable. Funds in your HSA belong to you and are always 100% vested. There are no "use it or lose" rules for HSAs.
- Unlike contributions into an HSA, an individual need not be covered by an HDHP to make withdrawals from the HSA. For example, an employee that is qualified to contribute to an HSA can use the funds to pay for medical expenses for a qualified dependent even if the dependent is not covered under an HDHP.

#### **Paying for medical expenses:**

Here are a few simple tips to keep in mind:

- When you receive services from a physician or hospital, present your SIHO Identification Card just as you would with a traditional plan. Use of the ID Card ensured that the claims will be submitted to SIHO and that a provider network discount will be taken. This saves money for you! Most providers will not require payment from you at the time of service; they will bill SIHO and wait for payment determination from SIHO before billing you.
- Qualified healthcare expenses may be paid with your HSA money, or you may pay out-of-pocket and continue to save in your HSA.
- Your HSA works like a checking account with withdrawals limited only by the account balance.
- After you open your HSA, you have the option to receive a First Financial Debit Card. This card can be used to pay for qualified expenses anywhere it is accepted. You may also setup bill-payer and pay your medical bills online with First Financial.
- Receipts of where you spend your HSA funds are required by the IRS. You do not need to submit a receipt to the bank to receive reimbursement. However you need to keep the receipt for 7 years with your other tax reporting paperwork.

## Health Savings Account Example

### How a Health Savings Account saves you money!

|   | PPO Plan (\$1,500 Family Deductible) | HSA (\$3,000 Family Deductible)   |
|---|--------------------------------------|---|
| <b>Annual Premium</b>   | <b>\$2160.34</b>                     | <b>\$1409.98</b>  |
| <b>Employee HSA Deposit</b>   | <b>\$0</b>                           | <b>\$750</b>  |
| <b>City of Columbus HSA Match</b>                                     | <b>\$0</b>                           | <b>\$500</b>  |
| <b>*Assumed Annual Medical –750 expenses not covered by insurance</b> | <b>\$785 (paid out of pocket)</b>    | <b>\$785 (paid from HSA Account)</b>  |
| <b>Total Employee Cost</b>  | <b>\$2,945.84</b>                    | <b>\$2,420.20</b>   |
| <b>HSA Account Balance at end of year</b>                             | <b>\$0</b>                           | <b>\$465<br/>(\$750 EE &amp; \$500 City of Columbus Deposit<br/>minus \$785 Expenses = \$465)</b> |

## High Deductible Health Plans (HDHP) - Health Savings Account (HSA) Preventive Therapy Drug List

### CARDIO-VASCULAR

Fosinopril  
 Lisinopril  
 Quinapril  
 Ramipril  
 Fosinopril-Hydrochlorothiazide  
 Lisinopril-hydrochlorothiazide  
 Quinapril-hydrochlorothiazide  
 Candesartan/candesartan-hydrochlorothiazide  
 Eprosartan  
 Ibesartan/ibesartan-hydrochlorothiazide  
 Losartan/Losartan-hydrochlorothiazide  
 Telmisartan/Telmisartan-hydrochlorothiazide  
 Valsartan-hydrochlorothiazide  
 Benicar/BenicarHCT  
 Amlodipine-telmisartan  
 Amlodipine-valsartan  
 Azor  
 Tribenzor  
 Cholestyramine  
 Welchol  
 Cholestyramine  
 Zetia  
 Fenofibrate  
 Fenofibric Acid  
 Atorvastatin  
 Fluvastatin  
 Lovastatin  
 Pravastatin  
 Simvastatin  
 Crestor  
 Vytorin  
 Niasin ext- rel  
 Simcor  
 Omega -3 acid ethyl esters  
 Atenolol  
 Carvedilol  
 Metoprolol tartrate  
 Metoprolol Succinate ext-rel  
 Nadolol  
 Propranolol  
 Propranolol ext-re  
 Bystolic  
 Coreg CR  
 Amlodipine  
 Diltiazem Ext Rel  
 Nifedipine Ext-Rel  
 Verapamil Ext-Rel  
 Amlodipine-atorvastatin  
 Digoxin  
 Tekturna/TekturnaHCT  
 Tekamlo  
 Amturnide

Furosemide  
 Hydrochlorothiazide  
 Metolazone  
 Sprionolactone-hydrochlorothiazide  
 Torsemide  
 Triamterene-Hydrochlorothiazide  
 Nitroglycerin sl spray  
 Bidil

### CENTRAL NERVOUS SYSTEM

Carbamazepine  
 Carbamazepine ext rel  
 Diazepam rectal gel  
 Divalproex sodium  
 Divalproex Sodium ext rel  
 Ethosuximide  
 Gabapentin  
 Lamotrigine  
 Lamotrigine ext-rel  
 Levetiracetam  
 Levetiracetam ext rel  
 Oxcarbazepine  
 Phenobarbital  
 Phenytoin  
 Phenytoin sodium Extended  
 Primidone  
 Tiagabine  
 Topiramate  
 Valproic Acid  
 Zonisamide  
 Sabril  
 Vimpat  
 Donepezil  
 Galantamine  
 Galantamine ext-rel  
 Rivastigmine  
 Exelon Patch  
 Namenda  
 Namenda -XR  
 Citalopram  
 Escitalopram  
 Fluoxetine  
 Paroxetine  
 Paroxetine ext rel  
 Sertraline  
 Brintellix  
 Fluoxetine 60 MG  
 Viibryd  
 Duloxetine  
 Venlafaxine  
 Venlafaxine Ext Rel  
 Khedezla  
 Pristiq  
 Bupropion

Bupropion ext-rel  
 Mirtazapine  
 Trazodone  
 Amantadine  
 Carbidopa-levodopa  
 Carbidopa-levodopa ext-rel  
 Carbidopa-levodopa-entacapone  
 Entacapone  
 Pramipexole  
 Ropinirole  
 Ropinirole ext-rel  
 Selegiline  
 Azilect  
 Mirapex ER  
 Neupro  
 aripiprazole  
 Clozapine  
 Olanzapine  
 Quetiapine  
 Risperidone  
 Ziprasidone  
 Latuda  
 Seroquel XR  
 Amphetamine-dextroamphetamine mixed salts  
 Amphetamine-dextroamphetamine Mixed salts ext-rel  
 Guanfacine ext-rel  
 Daytrana  
 Quillivant XR  
 Intuniv  
 Strattera  
 Vyvanse  
 Lyrica  
 Savella  
 Eszopiclone  
 Zolpidem  
 Zolpidem ext ended-release  
 Silenor  
 Naratriptan  
 Rizatriptan  
 Sumatriptan  
 Zolmitriptan  
 Relpax  
 Zomig Spray  
 Vyvanse

### ENDOCRINE AND METABOLIC

Andromed  
 Axiron  
 Syminpen



#### ANTIDIABETIC

Metformin  
Metformin extended release  
Glipzide Metformin  
Januvia  
Tradjent  
Janumet  
Janumet XR  
Jentaduet  
Trulicity  
Victoza

#### INSULINS

Humulin R-U 500  
Lantus  
Levemir  
Novolin 70/30  
Novolin N  
Novolin R  
Novolog  
Novolog Mix 70/30  
Toujeo  
Pioglitazone  
Pioglitazone-metformin  
Pioglitazone-Glimepride  
Nateglinide  
Repaglinide  
Farxiga  
Jardiance  
Xigduo XR  
Glimepiride  
Glipizide  
Glipizide ext-rel  
One Touch Ultra Strips and Kits  
BD Insulin syringes and needles  
Dexcom Continuous Glucose Monitoring system  
One touch Verio Strips and kits  
Estradiol  
Estropipate Premarin  
Divigel Evamist Minivelle  
Estrace Cream  
Premarin Cream  
Vagifem  
Estradiol Norethindrone  
Premphase  
Prempro  
Duavee  
Dexamethasone  
Methylprednisolone  
Prednisone  
levothyroxine  
Synthroid

#### GASTROINTESTINAL

Dronabinol  
Granisetron  
Meclizine  
Metoclopramide  
Ondansetron  
Prochlorperazine  
Promethazine  
Trimethobenzamide  
Diclegis  
Sancuso  
Fanitidien  
Lansoprazole  
Omeprazole  
Omeprazole-sodium bicarbonate  
Pantoprazole  
Dexilant  
Nexium

#### INFLAMMATORY BOWEL DISEASE

Balsalazide  
Budesonide capsule  
Sulfasalazine  
Sulfasalazine delayed-rel  
Aprizo  
Lialda  
Pentasa  
Uceris  
Hydrocortisone enema  
Mesalamine rectal suspension  
Canasa  
Cortiforam  
Linzess  
Lotronex  
Lactulose  
Peg 3350-electrolytes  
Moviprep  
Suclear  
Suprep

#### PANCREATIC ENZYMES

Creon  
Ultresa  
Viokace  
Zenpep

#### GENITOURINARY

Alfuzosin ext rel  
Doxazosin  
Finasteride  
Tamsulosin  
Terazosin  
Avodart  
Rapaflo  
Oxybutynin  
Oxybutynin ext-rel  
Tolterodine  
Tolterodine ext-rel  
Trospium  
Trospium ext-rel  
Belnique  
Myrbetriq  
Vesicare

#### HEMATOLOGIC

Warfarin  
Eliquis  
Pradaxa  
Xarelto

#### NUTRITIONAL

Prenatal Vitamins  
Citranatal

#### RESPIRATORY

Auvi-Q  
Epipen  
Epipen Jr  
Spiriva  
Ipratropium-albuterol inhalation solution  
Anoro Ellipta  
Combivent Respimat  
Albuterol Inhalation Solution  
Proair HFA  
Arcapta  
Foradil  
Perforomist  
Serevent  
Montelukast  
Zafirlukast  
AzelaStine  
Olopatadine  
Flunisolide  
Fluticasone  
Triamcinolone  
Daliresp  
Nasonex  
Advair  
Dulera  
Budesonide Inhalation Suspension  
Asmanex  
Flovent Diskus  
Flovent HFA  
Pulmicort Flexhaler  
Qvar

# SIHO Insurance Services Comprehensive Preventive Health Benefit

These benefits are fully compliant with the Affordable Care Act (PPACA).

## Wellness Exam:

**Men** - One per year

**Women** - One per year with family physician, one per year with OB/GYN, if needed

## Childhood Immunizations

| Vaccine                        | AGE > | Birth | 1 month | 2 months | 4 months | 6 months | 12 months          | 15 months | 18 months | 19-23 months | 2-3 years | 4-6 years    | 7-10 years | 11-12 years | 13-18 years  |
|--------------------------------|-------|-------|---------|----------|----------|----------|--------------------|-----------|-----------|--------------|-----------|--------------|------------|-------------|--------------|
| Diphtheria, Tetanus, Pertussis |       |       |         | DTap     | DTap     | DTap     |                    | DTap      |           |              |           | DTap         |            |             | TDap         |
| Human Papillomavirus           |       |       |         |          |          |          |                    |           |           |              |           |              |            |             | HPV 3 Doses  |
| Meningococcal                  |       |       |         |          |          |          |                    |           |           |              |           | MCV          |            |             |              |
| Influenza                      |       |       |         |          |          |          | Influenza (yearly) |           |           |              |           |              |            |             |              |
| Pneumococcal                   |       |       |         | PCV      | PCV      | PCV      | PCV                |           |           |              |           | PPSV         |            |             |              |
| Hepatitis A                    |       |       |         |          |          |          | Hep A 2 Doses      |           |           |              |           | Hep A Series |            |             |              |
| Hepatitis B                    |       | Hep B |         | Hep B    |          |          | Hep B              |           |           |              |           |              |            |             | Hep B Series |
| Inactivated Poliovirus         |       |       |         | IPV      | IPV      |          | IPV                |           |           |              |           | IPV          |            |             |              |
| Measles, Mumps, Rubella        |       |       |         |          |          |          | MMR                |           |           |              |           | MMR          |            |             |              |
| Varicella*                     |       |       |         |          |          |          | Varicella          |           |           |              |           | Varicella    |            |             |              |
| Rotavirus                      |       |       |         | RV       | RV       | RV       |                    |           |           |              |           |              |            |             |              |
| Haemophilus Influenzae Type B  |       |       |         | HIB      | HIB      | HIB      | HIB                |           |           |              |           |              |            |             |              |

**Note:** Preferred age for vaccine is indicated where specific vaccine is listed in **colored box**.

\*Varicella expanded for 2nd dose to age 65.

## Services for Children

|   |   |   |                                     |
|---|---|---|-------------------------------------|
| <ul style="list-style-type: none"> <li>Gonorrhea preventative medication for eyes</li> <li>Hearing Screening</li> <li>Hemoglobinopathies (sickle cell)</li> <li>Congenital Hypothyroidism</li> <li>Phenylketonuria (PKU)</li> </ul> | Newborns                                  | Developmental/ Behavioral Assessment/Autism     | All Ages                            |
| Fluoride Supplement   | Children without fluoride in water source | Hematocrit or Hemoglobin Screening              | All Ages                            |
| Iron Screening and Supplementation  | All Ages                                  | Lead Screening                                  | For children at risk of exposure    |
| HIV Screening   | Age 12 and above                          | Dyslipidemia Screening                          | All Ages                            |
| Visual Acuity   | Up to Age 5                               | Height, Weight and Body Mass Index measurements | All Ages                            |
| Oral Dental Screening   | During PHB visit                          | Medical History                                 | All Children throughout development |
| Urinalysis  | All Ages                                  |   |                                     |

## Services for Pregnant Women

|  |                                    |
|--|------------------------------------|
| Aspirin  | For Those At Risk                  |
| HIV  | Screening                          |
| Bacteriuria  | Lab test                           |
| Hepatitis B  | Lab test                           |
| Iron Deficiency Anemia Screening                       | Lab test                           |
| Gestational Diabetes Screening (between 24 & 28 weeks) | Lab test                           |
| Rh Incompatibility                                     | Lab test                           |
| Syphilis Screening                                     | Lab test                           |
| Breast Feeding Interventions*                          | Counseling, Support & Supplies     |
| Nicotine*  | Counseling                         |
| Folic Acid   | Women capable of becoming pregnant |

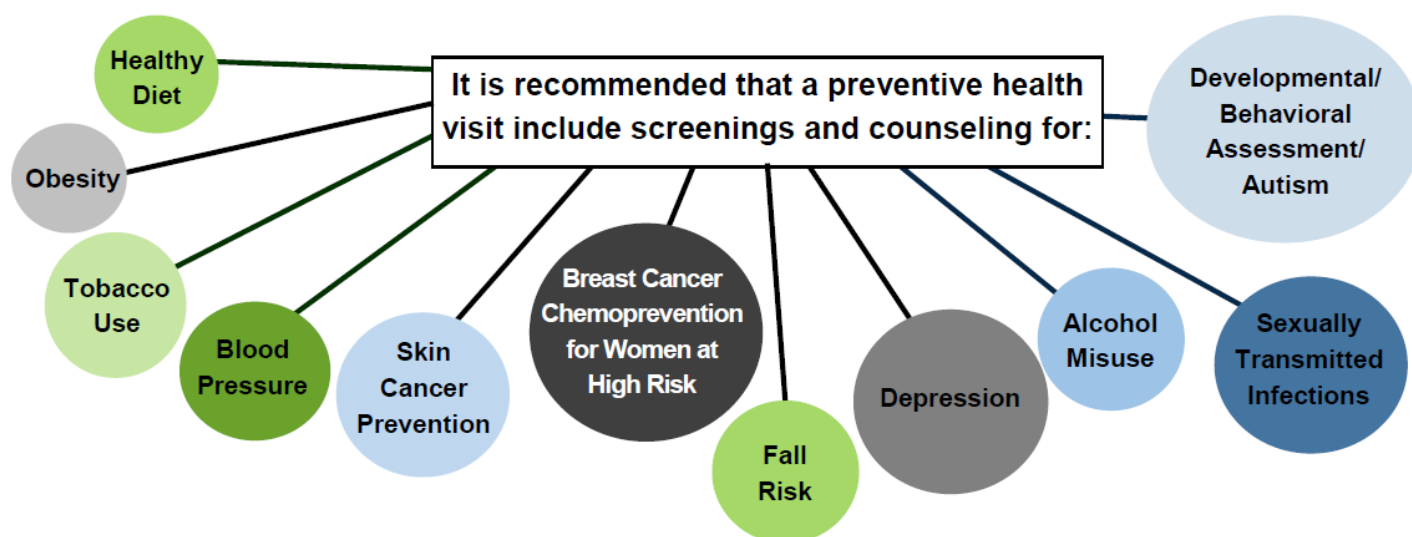
## Services for All Women

|  |  |
|--|--|
| Domestic Violence Screening & Counseling | Annually                                   |
| Contraceptive Methods*                   | Covered unless religious exemption applies |

| Adult Immunizations            |   |
|--------------------------------|---|
| Tetanus, Diphtheria, Pertussis | Tdap once, then Td booster every 10 years after age 18  |
| Human Papillomavirus           | To age 26   |
| Meningococcal                  | To age 65   |
| Influenza                      | Every year  |
| Pneumococcal                   | Ages 19 to 65   |
| Hepatitis A                    | 2 to 3 doses to age 65                                  |
| Hepatitis B                    | 3 doses to age 65                                       |
| Shingles                       | Once after age 50                                       |
| Measles, Mumps and Rubella*    | Once after age 19 (up to two vaccinations per lifetime) |
| Tamoxifen/Raloxifene           | At risk Women   |
| Varicella                      | 2 doses to age 65                                       |

| Adult Procedures/Services                   |   |
|---|---|
| Bone Density Scan                           | Every 2 years age 60 or older                           |
| Mammogram                                   | Baseline - women, once between ages 35 - 39             |
| Mammogram                                   | Yearly for women over 40                                |
| BRCA (letter of medical necessity required) | Women genetically at high risk of breast cancer         |
| Sigmoidoscopy                               | Every 3 years after age 50                              |
| Colonoscopy                                 | Every 10 years after age 50                             |
| Abdominal Aortic Aneurysm Screening         | For men who have smoked - one time between ages 65 - 75 |
| Aspirin for Men                             | At risk Ages 45 - 79                                    |
| Aspirin for Women                           | At risk Ages 55 - 79                                    |
| Lung Cancer Screening                       | At risk Ages 55 - 80                                    |

| Adult Labs                           |                     |
|--------------------------------------|---------------------|
| Lipid Panel                          | Yearly              |
| Total Serum Cholesterol              | Yearly              |
| PSA                                  | Yearly Men over 50  |
| Pap Smear/Thin Prep Pap Test         | Yearly              |
| Fecal Occult Testing                 | Yearly after age 50 |
| FBS (Fasting Blood Sugar)            | Yearly              |
| Hgb A1C                              | Yearly              |
| HIV Testing                          | Yearly after age 15 |
| Human Papillomavirus DNA Testing     | Yearly              |
| Syphilis Screening                   | At risk             |
| Chlamydia Infection Screening        | Yearly - All ages   |
| Gonorrhea Screening                  | Yearly - All ages   |
| Hepatitis B & Hepatitis C Screenings | Yearly              |
| Urinalysis                           | Yearly              |



The **SIHO Preventive Health Benefit Guidelines** are developed and periodically reviewed by SIHO's Quality Management Committee, a group of local physicians and health care providers. The QMC reviews routine care services from the American Academy of Family Practice Standards, American College of OB/GYN Standards, Center for Disease Control Recommendations, American Cancer Society Recommendations, American Academy of Pediatric Standards and U.S. Preventive Services Task Force Recommendations.

These recommendations were combined with input from local physicians and the standard Preventive Health Benefit was developed. These standards and recommendations are reviewed every one to two years, and the benefits are updated as needed.

Please note that your physician may recommend additional tests or screenings not included in this benefit. If you receive routine screenings that are not listed in this brochure you may have financial responsibility for those charges.

A screening procedure performed when there is a family history or personal history of a condition (and which does not fall within the listed age/ frequency criteria of the Preventive Health Benefit) will be covered under the major medical benefit.

## TAKING ADVANTAGE OF FLEXIBLE SPENDING ACCOUNTS (FSAs)

A great way to save on your health care and dependent care expenses is by taking advantage of the Flexible Spending Accounts (FSAs), including the:

- Health Care FSA and
- Dependent Care FSA

### Health Care FSA\*

The Health Care FSA gives you a smart way to save on eligible expenses not covered by the new program by allowing you to set aside money on a pre-tax basis to pay for these expenses. Some examples of eligible expenses include:

- Deductibles for medical and dental plans
- Physician's fees
- Laboratory fees
- Prescription glasses or contacts
- Prescription drug co-pays
- Some types of medical equipment or supplies
- Surgical or diagnostic services

An FSA allows you to set aside up to \$2,500 on a pre-tax basis that can be used for non-reimbursed health care expenses for you and your qualified dependents throughout the year. Here's how it works:

First, decide how much you want to contribute. A regular amount will be automatically deducted from each paycheck for the entire year. SIHO makes the elected funds available at the beginning of the plan year and funds are reimbursed to you as expenses are submitted up to the amount elected for the year.

Then, when you or a qualified dependent have eligible expenses not covered by the benefits program OR any or all health benefits are exhausted, your FSA administrator reimburses you from your flexible spending account. Your expenses are reimbursed from your account and you avoid the taxes you would otherwise pay on that money.

**\* If you are participating in the HSA Qualified Plan, you are only eligible to participate in a *limited purpose* Health Care FSA. This means that you will only be able to submit Dental and Vision expenses.**

### Dependent Care FSA

The Dependent Care FSA works like the Health Care FSA. It allows you to set aside up to \$2,500 each year on a pre-tax basis for reimbursable day care expenses, such as fees for a licensed day care center or adult day care, for eligible dependents (\$5,000 maximum for the head of household or a joint tax return and \$2,500 maximum for married, separately filed tax returns).

### Important FSA Facts:

There are restrictions imposed by the federal government that you need to keep in mind before participating in an FSA:

- You cannot stop, start, or change the amount of money you contribute during the year unless you experience a Qualified Life Event change. If this occurs, then your change must be consistent with your qualified life event change. Under the Dependent Care FSA, a Cost of Coverage change is eligible for contribution adjustments.
- You may use the money in your account to pay for expenses you or your dependents incur only during the same calendar year. Any money remaining in your account, after you have applied for reimbursement for the year, is forfeited and cannot be returned for any reason. For FSA accounts ending in 2014, the Internal Revenue Service will allow participants to roll over a maximum of \$500 to the next plan year.
- Your Health Care and Dependent Care FSAs are separate. You cannot transfer money between the two accounts.
- When submitting claims, you must attach an itemized receipt (cancelled checks do not qualify as a valid receipt). An EOB, or Explanation of Benefits, can be submitted for reimbursement.

## FLEXCARE (FSA) - OPTIONAL

### Premium and Flexible Spending Accounts Illustration:

| <u>Pre-Tax</u><br><u>With FLEXCARE</u> |                       | <u>After Tax</u><br><u>Without FLEXCARE</u> |                                     |
|--|-----------------------|---|-------------------------------------|
| \$1,000                                | Your pay check        | \$1,000                                     | Your pay check (taxable amount)     |
| - 150                                  | Dependent Care        | - 250                                       | Tax*                                |
| - 20                                   | Medical Reimbursement | \$ 750                                      |                                     |
| \$ 830                                 | Taxable Amount        | - 150                                       | Dependent Care**                    |
| - 207                                  | Tax*                  | - 20  | Medical Expenses<br>(if eligible)** |
| <b>\$ 623 Spendable Income</b>         |                       | <b>\$ 580 Spendable Income</b>              |                                     |
| <b>Per Payroll Savings<br/>\$43.00</b> |                       | <b>Annual Savings<br/>\$1,118.00</b>        |                                     |

\*Based on a 25% tax bracket. Your actual tax savings could vary.

\*\* If you would incur these expenses.

### Flex Benefits Debit Card

The **take care**™ flex benefits debit card allows a participant to use the card at the point of purchase to pay for qualified expenses instead of using their personal funds and waiting for reimbursement.

#### Advantages:

- Significant reduction in number of claims to submit for reimbursement
- Convenient access to your plan dollars at the point of purchase

### The Pre-Tax Advantage

Don't forget that the money you contribute toward your medical and dental coverage is paid on a pre-tax basis (except for non-qualified domestic partners). This means that:

- The costs for your benefits are deducted from your paycheck before you pay any federal income or Social Security taxes (except for non-qualified domestic partners).
- This deduction reduces your taxable income – the amount on which you pay taxes.
- Reduced income tax means you have more take-home pay.

As a feature of your health care benefits, SIHO provides **secure** internet access to give you information you need anytime you need it. Some of these features include:

## Claims

SIHO provides quick access to your claims status and eligibility information. You can track your medical claims as they move through the SIHO claims processing system.

## Utilization

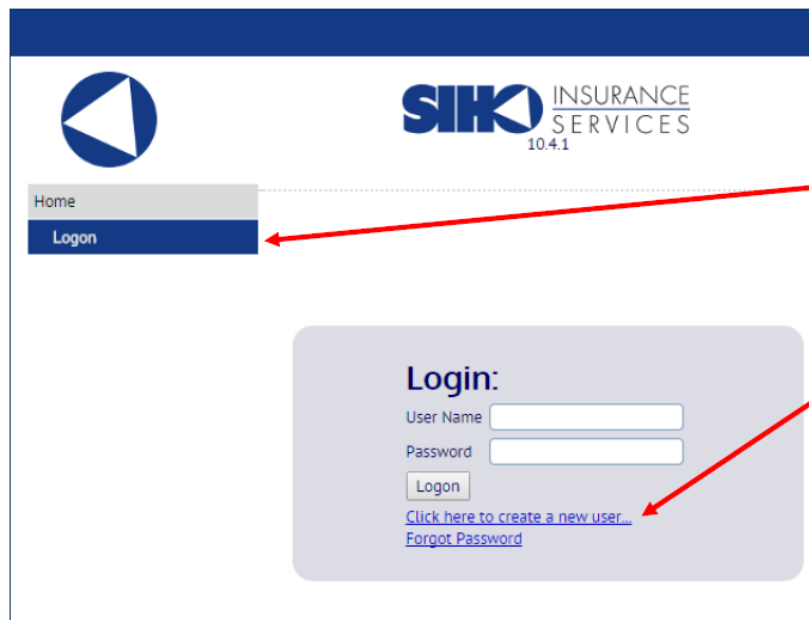
View up-to-date information on Deductibles, Out-of-Pocket Limits & Preventive Health Benefits usage.

## Provider Lookup

Search for healthcare providers in your network by Specialty, Name or Location.

## Plan Documents

Verify benefits related to your current plan.



Visit <https://my.siho.org/>  
to access the Member Access Portal.

Select Logon.  
If you are a new user, select  
**"Click here to create  
a new user id"**  
and follow the on-screen  
instructions.


You may be directed to select a specific  
health plan when creating your account.  
If you are unsure which plan you should  
select, please contact  
**SIHO Member Services:**  
**800.443.2980**



After creating your user name and password, you can access the following information

| <u>Menu Option</u>        | <u>Function</u>  |
|---------------------------|--|
| <b>Claim Status</b>       | <i>Check the status of past &amp; pending claims</i>   |
| <b>Check Utilizations</b> | <i>View up-to-date information on Deductibles, Out-of-Pocket Limits &amp; Preventive Health Benefits usage</i> |
| <b>Find Providers</b>     | <i>Locate healthcare providers in your network</i>   |
| <b>Request ID Card</b>    | <i>Print or request new ID Cards</i>   |
| <b>Talk to Us</b>         | <i>Contact our Customer Service Department</i>   |
| <b>Email Options</b>      | <i>Select to receive email only notifications when Explanation of Benefits (EOBs) are available</i>            |

### Claim Status Screen



V. KENNETH J. SAMPLETON 123456789 SIHOEMP

Effective date: 1/1/2015

Search: (Please fill out the search criteria)

Claim Type:  Claim Status:

Date Criteria:  Date Received:  Date From:  Date To:  Refresh

9 Claim(s) found

| Claim Number | Provider Number | Provider Last Name | Provider First Name | Patient Account Number | Out. CLIP  | Date      | Service Date | Service Stop To | Total Charge | Date Received |
|--------------|-----------------|--------------------|---------------------|------------------------|------------|-----------|--------------|-----------------|--------------|---------------|
| 0000193272   | 000717          | CAREMARK - RETAIL  |                     | 15015471670804999      | Historical | 1/23/2015 | 1/23/2015    |                 | \$34.39      | 1/23/2015     |
| 0000193380   | 000717          | CAREMARK - RETAIL  |                     | 150154718225054999     | Historical | 1/23/2015 | 1/23/2015    |                 | \$50.37      | 1/23/2015     |
| 0000193761   | 000717          | CAREMARK - RETAIL  |                     | 150154716286087999     | Historical | 1/23/2015 | 1/23/2015    |                 | \$181.45     | 1/23/2015     |
| 0000193382   | 000717          | CAREMARK - RETAIL  |                     | 150154801571209999     | Historical | 1/23/2015 | 1/23/2015    |                 | \$4.90       | 1/23/2015     |
| 0000193181   | 000717          | CAREMARK - RETAIL  |                     | 150154641931220998     | Historical | 1/23/2015 | 1/23/2015    |                 | \$120.24     | 1/23/2015     |
| 0000193384   | 000717          | CAREMARK - RETAIL  |                     | 150154718848070999     | Historical | 1/23/2015 | 1/23/2015    |                 | \$32.30      | 1/23/2015     |
| 0000193184   | 000717          | CAREMARK - RETAIL  |                     | 15015464089209998      | Historical | 1/23/2015 | 1/23/2015    |                 | \$2,108.24   | 1/23/2015     |
| 0000193286   | 000717          | CAREMARK - RETAIL  |                     | 15015471859411999      | Historical | 1/23/2015 | 1/23/2015    |                 | \$11.11      | 1/23/2015     |

### Member Information Screen

**Personal Information**

Name: CELESTE M. McGriff

DOB: 07/04/1975

Sex: Female

Marital Status: Single

Home phone: 8126798030

Email: CELESTE.McGriff@www.com

Language(s): English (Primary)

Address: 106 W HILLSIDE AVE  
SPENCER, IN 47460 US

Work phone: N/A

**Coverage 01/01/2014**

Group Name: CHC Active Wonderlab

Benefit Plan: SIHO Fully Insured Business

Subscriber Number: 00000306601

Subscriber Name: McGriff, CELESTE

Member Number: 00000306601

Group Number: 100629100CHC

Employer Name:

Subscriber Policy Number: 000003066

Relationship: Self

### Find Provider Screen

Your member ID card shows the provider network for your plan.

**Find a Provider**

1. Where do you want to find a provider?

Country:  United States

City, State or County:  , <Any> County:

Or Zip:

within:  Select a distance...

2. Which network are you interested in?

Network:  Landmark Combined Tier 1

3. What type of provider are you looking for?

Provider Type:  <Any>

Sub-type:

Specialty:

Panel Status:  <Any>

Selected Specialty:

4. Would you like to refine your search for provider? ☐ Yes ☒ No

Last Name:  \*If you know the provider's last name

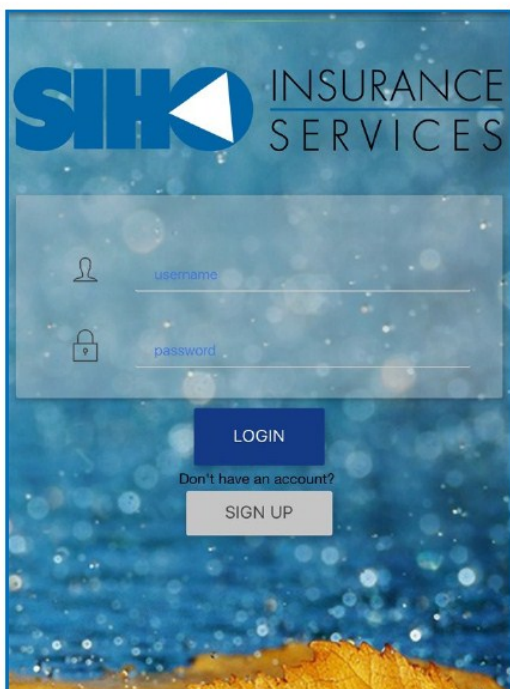
Gender: ☐ Male ☐ Female ☒ Any

Language spoken:  <Any>

Select the Find Provider option. This will take you to the Find a Provider search page. From there you can search for providers in your network by Address, Network, Provider Type or Name.

**Sample Search Results**

| Provider Number | Provider Last Name           | Provider First Name | Specialty                             | Office Address          | City           | State | Zip   | Office Contact Phone | Specialty                                    |
|-----------------|------------------------------|---------------------|---------------------------------------|-------------------------|----------------|-------|-------|----------------------|--|
| 085444          | 3ST CHOICE HEALTH & WELLNESS |                     | 3ST CHOICE HEALTH & WELLNESS          | 2441 STATE ST STE 10    | NEW ALBANY     | IN    | 47130 | (812) 943-4300       | Chiropractor                                 |
| 121858          | AZZ DME SPECIALIST INC       |                     | AZZ DME SPECIALISTS INC               | 115 QUARTERMASTER CT    | JEFFERSONVILLE | IN    | 47130 | (812) 725-8229       | Durable Medical Equipment & Medical Supplies |
| 113067          | AAA MEDICAL SOLUTIONS INC    |                     | AAA MEDICAL SOLUTIONS INC             | 412 S KIRBY AVE STE 100 | EVANSVILLE     | IN    | 47710 | (812) 424-8331       | Sleep Disorders                              |
| 116498          | AARON VASANTHA               |                     | IN RADIOLOGY ASSOC                    | 1481 W 10TH ST          | INDIANAPOLIS   | IN    | 46201 | (317) 821-7200       | Diagnostic Radiology                         |
| 116420          | AARON JOSHUA                 |                     | EVANSVILLE SURGICAL ASSOC             | 520 HARRY ST STE 520    | EVANSVILLE     | IN    | 47710 | (812) 424-8331       | Surgery                                      |
| 079511          | AASAR SAME                   |                     | HEART PARTNERS OF INDIANA LLC         | 720 N Lincoln St        | GREENSBURG     | IN    | 47240 |                      | Cardiovascular Disease                       |
| 079511          | AASAR SAME                   |                     | UNIVERSITY HEALTH CARE ASSOCIATES INC | 720 N Lincoln St        | GREENSBURG     | IN    | 47240 |                      | Cardiovascular Disease                       |
| 079511          | AASAR SAME                   |                     | UNIVERSITY HEALTH CARE ASSOCIATES INC | 720 N Lincoln St        | GREENSBURG     | IN    | 47240 |                      | Cardiovascular Disease                       |



# Mobile App

Want to look up the status of a medical claim? Or email your health insurance ID Card? How about checking your eligibility information or sending a question to your health insurance provider? SIHO is excited to announce the launch of a new and improved mobile app for Android™ and iPhone. The new app features a user-friendly interface that allows you to check the status of a medical claim, access your

health insurance ID Card, and check eligibility information. The new app is available for FREE on Google Play and the App Store.



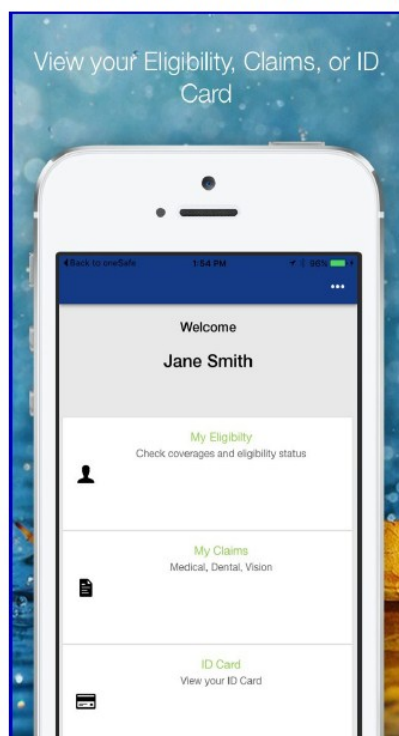
## FEATURES

**My Summary** (Benefits and Coverage Information), **ID Card** (ID Card Information), **Medical Claims**, **Dental, Lab, Pharmacy Claims** (if applicable), and more.

**For Apple devices, visit the Apple App Store.**

**For Androids, visit the Google Play Store.**

**Search under SIHO.**



## LOOK UP CLAIMS

See your recent claims—up to ten per screen. Get a detailed view of each one, or look up specific medical, dental and pharmacy claims by member name.

## VIEW YOUR MEMBER ID CARD

You can view the information on the front and back of your ID Card. You can also email the card information to your provider or whomever requires it at any time.

## VIEW YOUR BENEFITS AND COVERAGE INFORMATION

Until you experience it, you may never have realized how helpful it is to have your benefits and coverage information right at your fingertips.

## SECURITY

You must always sign in with your **User Name** and **Password** to access the features in this app. Without that information, no one can reach your personal data. It is safe.

## Discrimination is Against the Law

SIHO Insurance Services and/or the plan sponsors for which it administers employee welfare and benefits plans (“SIHO Insurance Services and/or the Plans it administers”) comply with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. SIHO Insurance Services and/or the Plans it administers do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

SIHO Insurance Services (both for itself and/or on behalf of the Plans it administers):

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
- Qualified interpreters
- Information written in other languages

If you need these services, please contact the Compliance Officer for SIHO Insurance Services by mail at 417 Washington Street, Columbus, IN 47201, by phone at (844) 255-7120 or TTY (800) 743-3333, or by email at [Compliance@siho.org](mailto:Compliance@siho.org).

If you believe that SIHO Insurance Services and/or the Plans it administers have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Compliance Officer. You can file a grievance in person or by mail, or email as indicated above. If you need help filing a grievance the Compliance Officer is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <http://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue,  
SW Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## Language Assistance Services

**English:** ATTENTION: Our Member Services department has free language interpreter services available for non-English speakers. Call 800.443.2980 (TTY: 800.743.3333)

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800.443.2980 (TTY: 800.743.3333).

**Chinese:** 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 800.443.2980 (TTY: 800.743.3333)。

သတိပြုရန် - အကယ်၍ သင်သည် မြန်မာစကားကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။

ရန်ကုန်မြို့ 800.443.2980 (TTY: 800.743.3333) သို့ ဖော်စိုင်း။

### Burmese:

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 800.443.2980 (TTY: 800.743.3333).

**French:** ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800.443.2980 (ATS : 800.743.3333).

**Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800.443.2980 (TTY: 800.743.3333).

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800.443.2980 (TTY: 800.743.3333).

**Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800.443.2980 (TTY: 800.743.3333)번으로 전화해 주십시오.

**Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800.443.2980 (телетайп: 800.743.3333).

### Arabic:

ملحوظة: إذا كنت تتحدث انكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800.443.2980 (رقم هاتف الصم والبكم: 800.743.3333).

**Hindi:** ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 800.443.2980 (TTY: 800.743.3333) पर कॉल करें।

**Pennsylvania Dutch:** Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 800.443.2980 TDD/TTY 800.743.3333 uffrufe.

**Dutch:** Als u Nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 800.443.2980 (TDD/TTY 800.743.3333).

**Punjabi:** ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 800.443.2980 (TTY: 800.743.3333) 'ਤੇ ਕਾਲ ਕਰੋ।

**Japanese:** 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。

We know the health care decisions you make are very important. You deserve all the information you need to make the right choices for you and your family. After reviewing this benefit guide, please feel free to contact Columbus SIHO Member Services at **812-378-7070 or Toll Free 800-443-2980** with any questions.

*This brochure is for informational purposes only and it is not intended to serve as a legal interpretation of benefits. The entire provisions of benefits and exclusions are contained in the Summary Plan Document. In the event of a conflict between the Summary Plan Document and this Guide, the terms of the Summary Plan Document will prevail.*

